

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>J.L.</i>		<i>8/12/03</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>8-23-00</i>
FORMALITY REVIEW	<i>W. L. L.</i>	<i>TC 826</i>	<i>09/22/02</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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